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Bib Data Sheet

**CONFIRMATION NO. 6486**

|                            |                                       |              |                        |                                      |
|----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER<br>10747,769 | FILING DATE<br>12/29/2003<br><br>RULE | CLASS<br>220 | GROUP ART UNIT<br>3727 | ATTORNEY<br>DOCKET NO.<br>5011-0002A |
|----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|

## APPLICANTS

Hongbiao Li, Plano, TX;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 09/829,893 04/10/2001 ABN

yes m

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

no m

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

**\*\* 04/09/2004**

|  |  |                           |                        |                       |                            |
|--|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions<br>met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br>COUNTRY<br>TX | SHEETS<br>DRAWING<br>4 | TOTAL<br>CLAIMS<br>14 | INDEPENDENT<br>CLAIMS<br>2 |
| Verified and<br>Acknowledged                                   | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature <u>[Signature]</u> Initials |                           |                        |                       |                            |

## ADDRESS

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## TITLE

Non-spillable beverage container and straw

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>385 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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